

MULTIPLE DESCENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/524244
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4						
5		1				
6						
7						
8						
9						
10	1					
11		1				
12						
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14						
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16	1					
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TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	18	←	←	←	←	←
TOTAL CLAIMS	22	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS	22	████████	████████	████████	████████	████████